SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: | PAGE 11 OF 45
(check only one)

[X] 11a   [ ] 11b   [ ] 11c   [ ] 12
[ ] 13   [ ] 14   [ ] 15   [ ] 16   [ ] 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
DR TIMOTHY J Collins

Mailing Address 115 N Peachtree Ave

City	State	Zip Code
Cookeville	TN	38501-2546

FEC ID number of contributing federal political committee.   C

Name of Employer: Cookeville Pathology Laboratory
Occupation: Pathologist

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼   H

Date of Receipt
09 / 19 / 2011
Transaction ID : SA11AI.42877

Amount of Each Receipt this Period
500.00

Aggregate Year-to-Date ▼
500.00

B. Full Name (Last, First, Middle Initial)
DR GARY L Cooper

Mailing Address 501 20th St Ste G3

City	State	Zip Code
Knoxville	TN	37916-1890

FEC ID number of contributing federal political committee.   C

Name of Employer: Innovative Pathology Services
Occupation: Pathologist

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼   H

Date of Receipt
09 / 16 / 2011
Transaction ID : SA11AI.42879

Amount of Each Receipt this Period
2000.00

Aggregate Year-to-Date ▼
2000.00

C. Full Name (Last, First, Middle Initial)
DR MICHAEL J Crossey MD PHD

Mailing Address 1001 Woodward Pl NE

City	State	Zip Code
Albuquerque	NM	87102

FEC ID number of contributing federal political committee.   C

Name of Employer: Tricore Reference Laboratories
Occupation: Pathologist

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼   H

Date of Receipt
09 / 23 / 2011
Transaction ID : SA11AI.42880

Amount of Each Receipt this Period
500.00

Aggregate Year-to-Date ▼
500.00

SUBTOTAL of Receipts This Page (optional)............................ ▶   3000.00

TOTAL This Period (last page this line number only)............................ ▶